

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017337

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318
FILED APR 25 1962

Primary Registration District No. 1003

Registrar's No. 3785

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5449 n Alabama		d. STREET ADDRESS (If outside, give location) 5449 Alabama	
3. NAME OF DECEASED (Type or print) First Middle Last Lawrence J. Treinen, Sr.		4. DATE OF DEATH Month Day Year April 10, 1962	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Sept. 4, 1883
9. AGE (last birthday) 78		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Policeman		10b. KIND OF BUSINESS OR INDUSTRY St. Louis	
11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Michael Treinen		13b. MOTHER'S MAIDEN NAME Bernadina unk	
14. NAME OF HUSBAND OR WIFE Pauline Treinen		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none	
16. SOCIAL SECURITY NO.		17. INFORMANT Pauline Treinen 5449 Alabama	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary - Renal Syndrome</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <i>Chn. Myocardial disease</i> DUE TO (b) <i>Serious -</i> DUE TO (c) <i>442x</i>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION St. Louis, Mo.	
20g. COUNTY		20h. STATE	
21. I attended the deceased from 1930 to April 10, 1962 and last saw her alive on April 9, 1962 Death occurred at 3 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22. ADDRESS 3606 Gravois St. Louis, Mo.	
22a. SIGNATURE S. W. Inayur Imp (Degree or title)		22c. DATE SIGNED 4-10-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 4-13-62	23c. NAME OF CEMETERY OR CREMATORY Calvary Cem.	
23d. LOCATION (City, town, or county) St. Louis, Mo.		23e. STATE	
24. FUNERAL DIRECTOR Southern Funeral Home 6322 S Grand St. Louis, Mo.		25. DATE RECD. BY LOCAL REG. APR 10 1962	
26. REGISTRAR'S SIGNATURE Loan Smith, M.D.			

USE BLACK INK

OR
TYPEWRITER RIBBON

11/11/22

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James C. Ritt

Licensed Embalmer No. 4347

P. O. Address 6322 So Grant

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

• If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
• If this body is not embalmed, fact should be so stated above.